PART B-ISSUE FEE TRANSMITTAL

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Certificate of Mailing I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class

mail in an envelope addressed to the Box Issue Fee address above on

ANDREA G REISTER HOWREY & SIMON BOX NO 34

Complete and mail this form, together with applicable fees, to:

RECEIVED HM42/0325 **Publishing Division**

the date indicated below. RECEIVED

DOCKET DEPT.

(Depositor's name)

1299 PENNSYLVANIA APRA WASHINGTON DC 20004-24

MAR 3 0 1998

(Signature)

					(Date)	
APPLICATION NO.		FILING DATE	TOTAL CLAIMING WRITE & SILLAMINER AND GROUP ART U	NIT	DATE MAILED	
	08/850,679	05/02/97	052 AZPURU, JO WA	1615	03/25/9	
First Named Applicant	RICKEY,		MICHAEL E.			
TINE OF	F", F", P" F", P, F", P, P", P P, P, P, 1	.m., prom. prom. C. g. topic group 6, p. feet, cross sec.				

INVENTION

PREPARATION OF EXTENDED SHELF-LIFE BIODEGRADABLE, BIOCOMPATIBLE MICROPARTICLES CONTAINING A BIOLOGICALLY ACTIVE AGENT

ATTY'S DO	OCKET NO.	CLASS-S	SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	F	EE DUE		DATE DUE
. 1	1611.063	30002	424-50	h , 000	C04 UTI	LITY NO		\$1320	.00	06/25/9
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent Andrea G. Reister						Reister				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.					m the name of a member a regis	ents OR, alternatively, (2) single firm (having as a tered attorney or agent)	2	Howrey	& S	Simon
XI "Fee Address" indication (or "Fee Address" Indication form PTO/SB/4					and the names of up to 2 registered patent attorneys or agents. If no name is listed, no					

name will be printed.

3.	ASSIGNEE NAME AND RES	SIDENC	E DATA TO BE F	RINTED ON THE PA	TENT (print or type)
	PLEASE NOTE: Unless an a	assigne	e is identified belo	w, no assignee data v	will appear on the patent.
-	Inclusion of assignee data is	only ap	propiate when an	assignment has been	n previously submitted to
	the PTO or is being submitte	ed unde	r separate cover.	Completion of this for	rm is NOT a subsititue for
	filing an assignment.				Therapeutics
	(A) NAME OF ACCIONES	(- /	The TT	CONTROLLEG	Incrabencies:

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Xissue Fee

Advance Order - # of Copies 10

(B) RESIDENCE: (CITY & STATE OR COUNTRY) (1) Cambridge, MA;

(2) Janssen'Pharmaceutica

(2) Belgium

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual

4b. The following fees or deficiency in these fees should be charged to: 08-3038 DEPOSIT ACCOUNT NUMBER

(ENCLOSE AN EXTRA COPY OF THIS FORM)

🕅 Issue Fee

X Advance Order - # of Copies

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Reister, Reg. Andrea G.

NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required! to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FOOLISTO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Compassioner for Patents, Washington D.C. 20231

3 FEISH

04/24/1998 RJOHNSON 00000156 08850679

Under the Paperwork Reduction Act of 1995, no garage and acquired to respond to a collection of information unless it displays a valid OMB control number.

PART B-ISSUE FEE TRANSMITTAL

Complete and mail this form, together with a



Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

WASHINGTON DC 20004-2402

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

ANDREA G REISTER RECEIVED HOWREY & SIMON BOX NO 34 1299 PENNSYLVANIA AVENUE NW

(Depositor's name) MAR 3 0 1998 (Signature)

(Date) TOTAL CLAIMEN WREY & SILEMMINER AND GROUP ART UNIT APPLICATION NO. FILING DATE DATE MAILED 05208/850,679 05/02/97 AZPURU, .0 "..... 1615 03/25/98 First Named RICKEY, MICHAEL E. **Applicant**

HM42/0325

TITLE OF INVENTION

PREPARATION OF EXTENDED SHELF-LIFE BIODEGRADABLE, BIOCOMPATIBLE MICROPARTICLES CONTAINING A BIOLOGICALLY ACTIVE AGENT

						• •	
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE	
1 1611.063	30002 424-50	01.00ò	C04 U1	TILITY NO	\$132(0.00 06/25/9	
1. Change of correspondence address Use of PTO form(s) and Customer I Change of correspondence address PTO/SB/122) attached. X "Fee Address" indication (or "Fee	Number are recommended, bu	(1) the names attorneys or a the name of member a re and the name	printing on the patent front page, list names of up to 3 registered patent ys or agents OR, alternatively, (2) me of a single firm (having as a er a registered attorney or agent) a names of up to 2 registered patent				
All 199 Address malcadon (or 199	Address indication form PTC	J/SB/4/) attached.	name will be p	gents. If no name is listed, no rinted.	3		
(A) NAME OF ASSIGNEE (2) (B) RESIDENCE: (CITY & STATE C Please check the appropriate assign individual X corporation o	re is identified below, no assign propipate when an assignment reparate cover. Completion Alkermes Controlinc II Janssen Pharmaco (2) Because category indicated below (1) or other private group entity	ar on the patent. isly submitted to T a substitue for apeutics, A; on the patent)	of Patents and Tradema XIssue Fee Advance Order - # of 4b. The following fees or de DEPOSIT ACCOUNT N (ENCLOSE AN EXTRA XI Issue Fee XI Advance Order - # of	racks): If Copies 10 If Copies 08 IUMBER 08 COPY OF THIS F	8-3038		
The COMMISSIONER OF PATENTS A (Authorized Signature)	ND TRADEMARKS IS reques	sted to apply the Is		lication identified above.			
Andrea G. Reister, R		4/	21/98				
NOTE; The Issue Fee will not be acceptor agent; or the assignee or other party Trademark Office.					-		
Burden Hour Statement: This form depending on the needs of the indivi to complete this form should be ser Office, Washington, D.C. 20231. DO ADDRESS. SEND FEES AND THI Patents, Washington D.C. 20231	idual case. Any comments on to the Chief Information C D NOT SEND FEES OR CO	on the amount of Officer, Patent an OMPLETED FOR	time required of Trademark wis TO THIS				
Under the Paperwork Reduction Act of information unless it displays a va		uired to respond t	to a collection				